

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>			
1. Article Addressed to:  <i>Cyber Flow Solutions, Inc. 10565 Sunset Boulevard Suite #400 Los Angeles, CA 90028</i>		A. Signature <i>[Signature]</i> B. Received by (Printed Name) C. Date of Delivery	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No			
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.			
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes			
2. Article Number (Transfer from service label)		7004 0750 0002 5007 6377	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

UNITED STATES POSTAL SERVICE

LIMA, OHIO 45801 ZIP CODE

FOR MAIL ROOM USE ONLY

First-Class Mail Postage & Fees Paid USPS Permit No. G-10
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\* Sender: Please print your name, address, and ZIP+4 in this box \*

**Brandie L. Hawkins**  
Attorney At Law  
124 South Metcalf Street  
Lima, Ohio 45801